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SUBJECT: HHS SECRETARY LEAVITT'S MEETINGS AT PAKISTAN NATIONAL
INSTITUTE OF HEALTH (PNIH)

¶1. (U) Summary: U.S. Secretary of Health and Human Services (HHS) Michael Leavitt visited Pakistan's National Institute of Health Institute (PNIH) on August 19, during his two-day trip to Pakistan. At PNIH, Secretary Leavitt met with senior officials from the Pakistani Ministry of Health (MOH) to discuss on-going and potential HHS programs in Pakistan. He also spoke informally with fellows of Pakistan's Field Epidemiology Laboratory Training Program (FELTP), and toured facility reference laboratories for avian influenza at the PNIH. End summary.

Field Epidemiology Laboratory Training Program (FELTP):

¶2. (U) Dr. Iftikhar Ahmed, PNIH Executive Director, and Dr. Rana Jawad Asghar, FELTP Resident Advisor from the HHS Centers for Disease Control and Prevention (CDC), introduced Secretary Leavitt to the group of 19 FELTP fellows who comprise Pakistan's first two FELTP classes. The fellows, all physicians, are working in and represent all provinces of Pakistan, Azad Kashmir and the Federally Administered Tribal Areas (FATA). The fellows described their work in disease surveillance and response. Highlights included investigating Pakistan's first human outbreak of highly pathogenic avian influenza in Northwest Frontier Province in November 2007, and performing polio surveillance sequencing that has tracked movements of the virus in Balochistan and Sindh. Fellows spoke informally with Secretary Leavitt about their individual backgrounds, motivations for joining FELTP and aspirations for the future. Secretary Leavitt answered questions on topics that included health care challenges, financing and reform in the U.S. (Note: Pakistan's FELTP program began in July 2007, under the auspices of HHS/CDC and with funding from USAID. End note.)

Roundtable with PNIH National Program Managers

¶3. (U) Secretary Leavitt discussed potential interaction and support that HHS could provide Pakistan with key MOH officials, including Dr. Ahmed and Dr. Asghar, as well as Dr. Rashid Jooma, MOH Director General. Principal participants from the HHS delegation included Secretary Leavitt and William Steiger, Director, Office of Global Health Affairs (OGHA); Mark Abdoo, Acting Director for Asia and the Pacific at HHS/OGHA; and Dr. Altaf Lal, HHS Regional Health Attache for South Asia, based at the U.S. Embassy in New Delhi.

Requests for Assistance with Legislation and Regulation

¶4. (U) In follow-up to the Secretary's morning discussion with Minister of Health Sherry Rehman (septel), MOH director General Dr. Rashid Jooma asked specifically if HHS could provide assistance in writing legislation, statutes and regulations to create an autonomous drug-regulatory authority in Pakistan. Dr. Jooma pointed out that revised regulations are needed to guarantee safety and quality standards, as well as intellectual property protections, for Pakistan's pharmaceutical and vaccine industries so they can compete, not only domestically, but also in world markets.

15. (U) Secretary Leavitt observed that the U.S. vaccine industry was declining a few years ago, and the U.S. Government had serious concerns at the time that the industry could not produce enough to meet the potential domestic need during an influenza pandemic. The Secretary pointed out, however, that U.S. industry recovered because of a series of innovations and legal protections that stimulated new production. He said HHS could provide technical and scientific assistance to the Pakistani Ministry of Health as it drafts basic statutes on drug safety to make them compatible with international norms, and in the formulation of intellectual-property laws that could add to the viability of investment in the vaccine and pharmaceutical industries in Pakistan. Secretary Leavitt also reiterated his offer to Minister Sherry Rehman to provide licensing rights for a vaccine against Hepatitis E.

16. (U) With regard to producing vaccines, Dr. Lal noted that India now makes 80 per cent of the world's supply of measles vaccine and that India's hepatitis vaccine is now "cheaper than bottled water" because of India's very low labor costs and large production volumes. Secretary Leavitt noted that many Indian companies now use publicly available U.S. technologies, and that many vaccine production opportunities exist now in the public domain, provided the industry can maintain production standards and safety guarantees.

Highly pathogenic Avian influenza (AI)

17. (U) Dr. Jawad shifted the discussion to Avian Influenza and noted that the lab-based AI surveillance system marked the first-ever HHS/CDC program in Pakistan. He said the program had established two important linkages: first, operational research through five sentinel sites, in Islamabad and in each of Pakistan's four

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provinces; and second, developing an effective interaction between Pakistan's Ministry of Health and the Ministry of Food and Agricultural.

18. (U) This cable has been cleared by Secretary Leavitt's staff.

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